

Fill in this information to identify the case:

Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

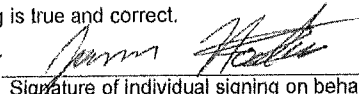
- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

9/13/2021

x



Signature of individual signing on behalf of debtor

Jason Hales
Printed name

Secretary

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,961,559.42
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 1,961,559.42

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 266,114.91
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,270,024.11
4. Total liabilities Lines 2 + 3a + 3b	\$ 1,536,139.02

Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase BankChecking3832\$24.143.2. Chase BankChecking6189\$0.003.3. Nevada State BankChecking6189\$219.003.4. Nevada State BankChecking8298\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$243.14**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

Debtor Strong Man Services, Inc.
NameCase number (If known) 21-14265-mkn**7. Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit7.1. Deposit with Harsch Investment Properties (landlord for real proeprty lease) \$3,000.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$3,000.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	<u>1,102,911.56</u>	-	<u>0.00</u>	=	<u>\$1,102,911.56</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>211,929.72</u>	-	<u>0.00</u>	=....	<u>\$211,929.72</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,314,841.28**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Misc. gang boxes, grills, duct work, exhaust fans, and copper fittings. See Exhibit A/B		<u>\$0.00</u>		<u>\$22,700.00</u>

20. Work in progress**21. Finished goods, including goods held for resale**

Debtor Strong Man Services, Inc.
NameCase number (If known) 21-14265-mkn22. **Other inventory or supplies**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$22,700.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 9 Desks; 10 file cabinets; 15 office chairs; and misc. art work. See Exhibit A/B	\$0.00		\$4,375.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 7 Computers; 1 laptop; 7 phones; 28 cell phones and tablet. See Exhibit A/B	\$0.00		\$5,150.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$9,525.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No

Debtor Strong Man Services, Inc.
NameCase number (If known) 21-14265-mkn☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2017 Ford F150 VIN: 1FTMF1C8XH KC25338	\$0.00	Comparable sale	\$21,000.00
47.2.	2019 Ford Ranger; VIN 1FTER1EHOKLB22455	\$0.00	Comparable sale	\$31,000.00
47.3.	2017 Ford Transit Connect Cargo Van; VIN NM0LS7F7XH1325178	\$0.00	Comparable sale	\$20,000.00
47.4.	2018 Ford F150; VIN 1FTMF1CB4JKC03711	\$0.00	Comparable sale	\$21,000.00
47.5.	2016 Ford Transport Cargo Van; VIN NM0LE6F74G1235217	\$0.00	Comparable sale	\$14,000.00
47.6.	2017 Ford F150; VIN 1FTEX1RGOHFA34424	\$0.00	Comparable sale	\$44,000.00
47.7.	2019 Ford F150; VIN 1FTEW1E48KKC03957	\$0.00	Comparable sale	\$42,000.00
47.8.	2019 Ford Transit Connect; VIN NM0LS7E24K1417965	\$0.00	Comparable sale	\$21,000.00
47.9.	2018 Chevy Suburban; VIN 1GN5CGKC5JR292183	\$0.00	Comparable sale	\$40,000.00
47.10	2018 Ford Transit Van; VIN 1FTYE1CMXJKB55007	\$0.00	Comparable sale	\$26,000.00
47.11	1-14 ft. box trailer- \$4,500; 1 hydraulic trailer - \$12,500	\$0.00		\$17,000.00
47.12	2019 Ford F150; VIN 1FTEW1EP5KKE95125	\$0.00	Comparable sale	\$41,000.00

Debtor Strong Man Services, Inc. Case number (If known) 21-14265-mkn
 Name

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

1 Fork lift-\$7,500; and 2 scissor lifts \$7,000

\$0.00

\$14,500.00

Misc. tools; residential package units; roof top units and curbs; boiler with pump and expansion tanks; misc. units, and mini splits

\$0.00

\$168,750.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$521,250.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites www.smsmechanical.com	\$0.00		\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

Debtor Strong Man Services, Inc.
NameCase number (If known) 21-14265-mkn67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of
debtor's interest71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Litigation claims to collect on accounts receivables as listed herein

Unknown

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership
Claims against recovery fund of SMART Local 88 SMW of So. Nevada Trust Funds (estimated for lost work to non-union contracts)

\$60,000.00

Insurance claim for stolen truck (recovered but stripped; assumed total loss); Claim No. NVBA-xxxx1042

Unknown

Surety Bond with Merchants Bonding Company; NV xxx5336

\$30,000.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$90,000.00

Debtor Strong Man Services, Inc.
Name

Case number (If known) 21-14265-mkn

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Strong Man Services, Inc.
NameCase number (If known) 21-14265-mkn**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$243.14	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$3,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,314,841.28	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$22,700.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$9,525.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$521,250.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$90,000.00	
91. Total. Add lines 80 through 90 for each column	\$1,961,559.42	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,961,559.42

Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ally Creditor's Name Attn: Bankruptcy Dept/Managing Agent P.O. Box 951 Horsham, PA 19044 Creditor's mailing address Creditor's email address, if known Date debt was incurred 12/20/2018 Last 4 digits of account number 9608 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2019 Ford F150; VIN 1FTEW1E48KKC03957 Describe the lien Purchase Security Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39,648.00	\$42,000.00

2.2	Ally Creditor's Name Attn: Bankruptcy Dept/Managing Agent P.O. Box 951 Horsham, PA 19044 Creditor's mailing address Creditor's email address, if known Date debt was incurred 8/17/2019 Last 4 digits of account number 2610	Describe debtor's property that is subject to a lien 2019 Ford Transit Connect; VIN NM0LS7E24K1417965 Describe the lien Purchase Security Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$13,915.88	\$21,000.00
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Debtor Strong Man Services, Inc.
NameCase number (if known) 21-14265-mkn**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.3 Ally

Creditor's Name

Attn: Bankruptcy
Dept/Managing Agent
P.O. Box 951
Horsham, PA 19044

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

7/12/2018

Last 4 digits of account number

5088

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien\$42,171.47\$40,000.00

2018 Chevy Suburban; VIN
1GNSCGKC5JR292183

Describe the lienPurchase Security Agreement**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.4 Ally

Creditor's Name

Attn: Bankruptcy
Dept/Managing Agent
P.O. Box 951
Horsham, PA 19044

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/20/2018

Last 4 digits of account number

3220

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien\$29,013.99\$26,000.00

2018 Ford Transit Van; VIN
1FTYE1CMXJKB55007

Describe the lienPurchase Security Agreement**Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.5 Ford Credit

Creditor's Name

National Bankruptcy Service
Center
P.O. Box 62180
Colorado Springs, CO 80962

Describe debtor's property that is subject to a lien\$7,244.64\$21,000.00

2017 Ford F150 VIN: 1FTMF1C8XH KC25338

Debtor Strong Man Services, Inc.
NameCase number (if known) 21-14265-mkn

Creditor's mailing address

Describe the lienPurchase Security Agreement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account number**0788**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Ford Credit**

Creditor's Name

National Bankruptcy Service
CenterP.O. Box 62180Colorado Springs, CO 80962

Creditor's mailing address

Describe debtor's property that is subject to a lien2019 Ford Ranger; VIN 1FTER1EHOKLB22455\$19,889.53\$31,000.00**Describe the lien**Purchase Security Agreement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account number**9493**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Ford Credit**

Creditor's Name

National Bankruptcy Service
CenterP.O. Box 62180Colorado Springs, CO 80962

Creditor's mailing address

Describe debtor's property that is subject to a lien2019 Ford F150; VIN 1FTEW1EP5KKE95125\$33,279.02\$41,000.00**Describe the lien**Purchase Security Agreement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account number**5388**Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply

Debtor Strong Man Services, Inc.
NameCase number (if known) 21-14265-mkn☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Contingent☐ Unliquidated☐ Disputed**2.8 Ford Credit**

Creditor's Name

National Bankruptcy Service
Center
P.O. Box 62180
Colorado Springs, CO 80962

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number**
3455**Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.**Describe debtor's property that is subject to a lien**2017 Ford Transit Connect Cargo Van; VIN
NM0LS7F7XH1325178\$8,689.86\$20,000.00**Describe the lien**Purchase Security Agreement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 Ford Credit**

Creditor's Name

National Bankruptcy Service
Center
P.O. Box 62180
Colorado Springs, CO 80962

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number**
3479**Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.**Describe debtor's property that is subject to a lien**

2018 Ford F150; VIN 1FTMF1CB4JKC03711

\$8,423.19\$21,000.00**Describe the lien**Purchase Security Agreement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.10 Ford Credit**

Creditor's Name

National Bankruptcy Service
Center
P.O. Box 62180
Colorado Springs, CO 80962

Creditor's mailing address

Describe debtor's property that is subject to a lien2016 Ford Tranport Cargo Van; VIN
NM0LE6F74G1235217\$6,720.80\$14,000.00**Describe the lien**

Debtor Strong Man Services, Inc.
NameCase number (if known) 21-14265-mknPurchase Security Agreement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
9983Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
1

Ford Credit

Creditor's Name

National Bankruptcy Service
Center
P.O. Box 62180
Colorado Springs, CO 80962

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
7145Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

2017 Ford F150; VIN 1FTEX1RG0HFA34424

\$57,118.53

\$44,000.00

Describe the lien

Purchase Security Agreement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$266,114.91

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address A/C Systems Supply Attn: Managing Member 3036 S. Valley View Blvd. Las Vegas, NV 89102 Date(s) debt was incurred <u>12/2/20-9/10/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,515.47
3.2	Nonpriority creditor's name and mailing address Ahern Rentals Attn: Managing Member P.O. Box 271390 Las Vegas, NV 89127 Date(s) debt was incurred <u>2/22/21-8/7/21</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,240.72
3.3	Nonpriority creditor's name and mailing address Airgas USA LLC Attn: Managing Member 2600 S. Highland Dr. Las Vegas, NV 89109 Date(s) debt was incurred <u>7/30/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.61
3.4	Nonpriority creditor's name and mailing address Allied Refrigeration Inc. Attn: Managing Member P.O. Box 2411 Long Beach, CA 90801-2411 Date(s) debt was incurred <u>8/8/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,630.94

Debtor <u>Strong Man Services, Inc.</u>		Case number (if known) <u>21-14265-mkn</u>
Name		

3.5	Nonpriority creditor's name and mailing address AlSCO, Inc. Attn: Managing Member 2300 N. Commerce St. Las Vegas, NV 89169 Date(s) debt was incurred <u>8/5/21-9/9/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$237.40</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy Dept/Managing Agent P.O. Box 9811535 El Paso, TX 79998-1535 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$100,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address AmTrust North America Attn: Managing Member 800 Superior Ave., Ste. E 21st Floor Cleveland, OH 44114 Date(s) debt was incurred <u>7/2020-8/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,326.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address ARCO Attn: Bankruptcy Dept./Managing Agent PO Box 923928 Norcross, GA 30010 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,700.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Atlas Crane Attn: Managing Member 3120 N. Nellis Blvd. Las Vegas, NV 89115 Date(s) debt was incurred <u>2/2021-8/12/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,415.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Bd. of Trustees SMW Health Plan c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.11	Nonpriority creditor's name and mailing address Bd. of Trustees SMW Local 88 401(k) c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020 Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
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3.12	Nonpriority creditor's name and mailing address Bd. of Trustees SMW Local 88 Fund c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020 Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
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3.13	Nonpriority creditor's name and mailing address Bd. of Trustees SMW Pension Plan c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020 Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
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3.14	Nonpriority creditor's name and mailing address C&M Crane Attn: Managing Member 5340 W. Quail Ave. Las Vegas, NV 89118 Date(s) debt was incurred <u>7/14/21-7/19/21</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$280.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.15	Nonpriority creditor's name and mailing address Climatec LLC Attn: Managing Member P.O. Box 51689 Los Angeles, CA 90051-5989 Date(s) debt was incurred <u>4/2020-10/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58,583.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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3.16	Nonpriority creditor's name and mailing address Collett Electric Attn: Bankruptcy Dept/Managing Agent 4790 Quality Ct. Las Vegas, NV 89103 Date(s) debt was incurred _____ Last 4 digits of account number <u>1591</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice only. Possible claim from worker's comp incident</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.17	Nonpriority creditor's name and mailing address Diamondback Equipment Sales Attn: Managing Member 8396 W. Ford Ave. Las Vegas, NV 89113 Date(s) debt was incurred <u>10/2020-6/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109,754.62
3.18	Nonpriority creditor's name and mailing address Dielco Crane Attn: Managing Member 5454 Arville Street Las Vegas, NV 89118 Date(s) debt was incurred <u>3/31/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,499.50
3.19	Nonpriority creditor's name and mailing address Energy Mechanical Ins. Inc. Attn: Managing Member 4005 W. Dewey Drive Las Vegas, NV 89118 Date(s) debt was incurred <u>10/2020-7/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,234.40
3.20	Nonpriority creditor's name and mailing address Engin8 Attn: Managing Member 8260 W. Charleson Blvd. Ste. 3 Las Vegas, NV 89117 Date(s) debt was incurred <u>1/2020-3/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,200.00
3.21	Nonpriority creditor's name and mailing address Fleet Corp Attn: Bankruptcy Dept/Managing Agent P.O. Box 1239 Covington, LA 70434 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.22	Nonpriority creditor's name and mailing address Gail Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u>12/11/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.23	Nonpriority creditor's name and mailing address Gail Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,238.37

Debtor <u>Strong Man Services, Inc.</u>		Case number (if known) <u>21-14265-mkn</u>
Name		

3.24	Nonpriority creditor's name and mailing address Gail Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u>12/4/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$30,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address Gail Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u>9/6/2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$150,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Revolving Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address Harsch Investments Properties Attn: Managing Member 3111 S. Valley View Blvd. Ste. K101 Las Vegas, NV 89102 Date(s) debt was incurred <u>9/1/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,278.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Home Depot Credit Services Attn: Managing Member P.O. Box 790340 Saint Louis, MO 63179 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$8,800.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Intern'l Assoc. of SMA, Rail and Transpo c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address John and Gail Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u>2/9/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$70,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address John Capurro 16 Moraine Dr. Henderson, NV 89052-6625 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$6,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid 401(k) retirement contributions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.31	Nonpriority creditor's name and mailing address Johnson Controls, Inc. Attn: Managing Member 1545 E. Pama Lane Las Vegas, NV 89119 Date(s) debt was incurred <u>2/2021-6/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,658.66
<hr/>			
3.32	Nonpriority creditor's name and mailing address Johnstone Supply of Las Vegas Attn: Managing Member 4144 W. Sunset Rd. Las Vegas, NV 89118 Date(s) debt was incurred <u>5/7/2021-7/10/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,155.61
<hr/>			
3.33	Nonpriority creditor's name and mailing address Lawyer Mechanical Services, Inc. Attn: Managing Member 3036 Valley View Blvd. Las Vegas, NV 89102 Date(s) debt was incurred <u>8/2020-5/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156,343.63
<hr/>			
3.34	Nonpriority creditor's name and mailing address Lennox Industries, Inc. Attn: Managing Member P.O. Box 910549 Dallas, TX 75391-0549 Date(s) debt was incurred <u>6/17/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.90
<hr/>			
3.35	Nonpriority creditor's name and mailing address Lunas, Inc. Attn: Managing Member 4830 E. Cartier Ave. Las Vegas, NV 89115 Date(s) debt was incurred <u>5/28/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
<hr/>			
3.36	Nonpriority creditor's name and mailing address M&D Paint & Drywall Attn: Managing Member 5142 W. Patrick Lane Ste. #110 Las Vegas, NV 89118 Date(s) debt was incurred <u>6/26/20; 2/2/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,578.70
<hr/>			
3.37	Nonpriority creditor's name and mailing address MAP Retirement, Inc. Attn: Managing Member W6180 Areotech Dr. Appleton, WI 54914 Date(s) debt was incurred <u>7/6/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.50

Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.38	Nonpriority creditor's name and mailing address Matthew Hendericksen 5505 Tanya Ave. Las Vegas, NV 89107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Worker's Compensation Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address Mechanical Equipment Reps Attn: Managing Member 5828 Spring Mtn. Rd. Ste. 305 Las Vegas, NV 89146 Date(s) debt was incurred <u>3/24/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,063.46
3.40	Nonpriority creditor's name and mailing address Mesa Energy Systems, Inc. Attn: Managing Member 2 Cromwell Irvine, CA 92618 Date(s) debt was incurred <u>5/25/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,530.00
3.41	Nonpriority creditor's name and mailing address Mesa Mechanical, Inc. Attn: Managing Member 1821 Western Ave. Las Vegas, NV 89102 Date(s) debt was incurred <u>7/2020-8/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170,489.79
3.42	Nonpriority creditor's name and mailing address Nevada Cooler Pad Attn: Managing Member 3970 Ponderosa Way Las Vegas, NV 89118 Date(s) debt was incurred <u>4/2021-7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,342.92
3.43	Nonpriority creditor's name and mailing address Norman Wright Attn: Managing Member P.O. Box 51938 Los Angeles, CA 90051-6238 Date(s) debt was incurred <u>6/2021-7/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,053.25
3.44	Nonpriority creditor's name and mailing address On Deck Capital Attn: Bankruptcy Dept/Managing Agent 901 N. Stuart Street, Ste. 700 Arlington, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Filed a UCC-1 financing statement, but believed to be either a debt of company prior to acquisition or satisfied</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	21-14265-mkn
3.45 Nonpriority creditor's name and mailing address Penn Air Control Attn: Managing Member 5941 Lakeshore Dr. Cypress, CA 90630 Date(s) debt was incurred <u>10/14/20-6/14/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,135.00
3.46 Nonpriority creditor's name and mailing address Precision Air Balance Attn: Managing Member 1240 N. Jefferson St. Ste. #H Anaheim, CA 92807 Date(s) debt was incurred <u>5/2021-6/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.47 Nonpriority creditor's name and mailing address Precision Electric Attn: Managing Member 4250 Camron Street Las Vegas, NV 89103 Date(s) debt was incurred <u>3/28/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,498.00
3.48 Nonpriority creditor's name and mailing address Purvis Industries Attn: Managing Member 3360 W. Sunset Rd. Las Vegas, NV 89118 Date(s) debt was incurred <u>6/20/21-8/28/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,137.17
3.49 Nonpriority creditor's name and mailing address Ray Morgan of Las Vegas Attn: Managing Member 7140 Dean Martin Dr. Ste. 200 Las Vegas, NV 89118 Date(s) debt was incurred <u>2/25/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.42
3.50 Nonpriority creditor's name and mailing address SMACNA of So. Nevada c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.51 Nonpriority creditor's name and mailing address SMART Local 88 SMW of So. NV Attn: Bankruptcy Dept/Managing Agent 2250 S. Rancho, Ste. 295 Las Vegas, NV 89102-4454 Date(s) debt was incurred <u>4/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Trades possible audit of workers' trust fund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.52	Nonpriority creditor's name and mailing address SMART Local 88 SMW of So. NV Attn: Bankruptcy Dept/Managing Agent 2250 S. Rancho, Ste. 295 Las Vegas, NV 89102-4454 Date(s) debt was incurred <u>5/2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Basis for the claim: <u>Light/Residential possible workers' trust fund audit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address SMW Local 88 Retiree Apprenticeship c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Basis for the claim: <u>Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address SMW Local 88 Retiree Health Plan c/o Lauris A. Traktman, Esq. Gilbert & Sackman, ALC 3699 Wilshire Blvd., #1200 Los Angeles, CA 90010-2732 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown Basis for the claim: <u>Pending Litigation - ORDER AND JUDGMENT ON FOURTH SUPPLEMENTAL STIPULATION FOR JUDGMENT entered on 6/4/21 for \$303,419.66, but only through Sept. 2020</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Southwest Specialty Contractors, LLC Attn: Managing Member 6442 Arville St. Las Vegas, NV 89118 Date(s) debt was incurred <u>7/21/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,772.15 Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Staples Advantage Attn: Managing Member 500 Staples Dr. Framingham, MA 01702 Date(s) debt was incurred <u>7/19/21-7/26/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$268.08 Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Steamatic of Southern Nevada Attn: Managing Member 2581 Synergy St. N. Las Vegas, NV 89030 Date(s) debt was incurred <u>6/3/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,575.00 Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Strong Man Services, Inc. <small>Name</small>	Case number (if known)	21-14265-mkn
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3.58	Nonpriority creditor's name and mailing address Terracon Consultants, Inc. Attn: Managing Member 750 Pilot Rd., Ste. F Las Vegas, NV 89119 Date(s) debt was incurred <u>6/15/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.59	Nonpriority creditor's name and mailing address The Reinalt-Thomas Corporation Attn: Managing Member 20225 N. Scottsdale Rd. Scottsdale, AZ 85255 Date(s) debt was incurred <u>4/13/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.69
3.60	Nonpriority creditor's name and mailing address Tomarco Attn: Managing Member 4125 Wagon Trail Ave. Las Vegas, NV 89118 Date(s) debt was incurred <u>4/20/21-7/7/21</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,328.72
3.61	Nonpriority creditor's name and mailing address Two Dimensional Instruments, LLC Attn: Managing Member 7311 Highway 329 Ste. 910 Crestwood, KY 40014 Date(s) debt was incurred <u>4/14/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,621.50
3.62	Nonpriority creditor's name and mailing address Wex Bank Attn: Managing Member P.O. Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred <u>5/31/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,226.00
3.63	Nonpriority creditor's name and mailing address Winsupply of Las Vegas Attn: Managing Member 3665 Diablo Dr. Ste. 100 Las Vegas, NV 89118 Date(s) debt was incurred <u>4/12/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.25
3.64	Nonpriority creditor's name and mailing address WW Grainger Inc. Attn: Managing Member Dept. 884143553 P.O. Box Kansas City, MO 64141-6267 Date(s) debt was incurred <u>4/2021-5/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$751.48

Debtor Strong Man Services, Inc.
NameCase number (if known) 21-14265-mkn**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Law Offices of Jason Peck Attn: Dee Golightly, Esq. P.O. Box 7218 London, KY 40742	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts	
5a.	\$ 0.00

5b. Total claims from Part 2

5b.	+	\$ 1,270,024.11
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5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.	\$ 1,270,024.11
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Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Addison Construction & Communications
Attn: Craig Fletcher
1519 Helm Ave
Las Vegas, NV 891192.2. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Advanced Medical Builders, Inc.
Attn: Managing Agent
885 N. Shepard St.
Anaheim, CA 928062.3. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Affordable Concepts, Inc.
Attn: Bankruptcy Dept. / Managing Agent
2975 W. Lake Mead Blvd.
North Las Vegas, NV 890322.4. State what the contract or lease is for and the nature of the debtor's interest Worker's compensation and employers liability insurance policy dated 1/15/2021

State the term remaining

List the contract number of any government contract _____

AmTrust Insurance Co. of Kansas, Inc.
Att: Managing Member
800 Superior Ave. East, 21st Floor
Cleveland, OH 44114

Debtor 1 Strong Man Services, Inc.

First Name

Middle Name

Last Name

Case number (if known) 21-14265-mkn

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract

Austin General Contracting
Attn: Managing Agent
6440 South Polaris Avenue
Las Vegas, NV 89119

2.6. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract

Dakem & Associates
Attn: Managing Agent
6170 West Viking Road
Las Vegas, NV 89103

2.7. State what the contract or lease is for and the nature of the debtor's interest Worker's compensation and employers liability insurance policy dated 1/15/2021

State the term remaining

List the contract number of any government contract

Harris Insurance Services, Inc.
Attn: Bankruptcy Desk/Managing Agent
6445 W. Sunset Rd., #156
Las Vegas, NV 89118

2.8. State what the contract or lease is for and the nature of the debtor's interest Commercial real property lease for 3111 S. Valley View Blvd., Suite N-101, Las Vegas, NV 89102, approx. 6,750 square feet.

State the term remaining

List the contract number of any government contract

Expires 8/31/21

Harsch Investment Properties-Nevada, LLC
c/o Harsch Investment Properties, LLC
Attn: Jeff Nudelman, VP & Sr. Counsel
1121 SW Salmon Street, Ste. 500
Portland, OR 97205

2.9. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract

Las Vegas Metro Police Dept.
Attn: Budget/Accounting
400 S Martin L King Blvd Bldg B 4th Floor
Las Vegas, NV 89106

2.10. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

Martin Harris
Attn: Managing Agent
3030 S. Highland Drive
Las Vegas, NV 89109

Debtor 1 Strong Man Services, Inc.

First Name

Middle Name

Last Name

Case number (if known) 21-14265-mkn

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest Surety Bond; Bond No. NV xxx5336

State the term remaining

List the contract number of any government contract _____

Merchants Bonding Co.
Attn: Amy Baker, Claims Examiner
6700 Westown Parkway
West Des Moines, IA 50266-7754

2.12. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Minero LLC
Attn: Managing Agent
8680 W Spring Mountain Rd
Las Vegas, NV 89117

2.13. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Nevada General Construction
Attn: Managing Agent
4121 Wagon Trail Ave
Las Vegas, NV 89118

2.14. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Penta Building Group, Inc.
Attn: Bankruptcy Dept/Managing Agent
181 E. Warm Springs Rd.
Las Vegas, NV 89119

2.15. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Silver Creek Development, LLC
Attn: Managing Agent
5130 Mae Anne Ave.
Reno, NV 89523

Debtor 1 Strong Man Services, Inc.
First Name Middle Name Last Name

Case number (if known) 21-14265-mkn

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

SR Construction
 Attn: Managing Agent
 3579 Red Rock Street
 Las Vegas, NV 89103

2.17. State what the contract or lease is for and the nature of the debtor's interest Work contract

State the term remaining

List the contract number of any government contract _____

Whiting-Turner
 Attn: Paul Schmitt, SVP
 6720 Via Austi Parkway, Ste. 550
 Las Vegas, NV 89119

Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 Jason Hales

Bd. of Trustees SMW
Pension Plan☐ D _____
☒ E/F 3.13
☐ G _____

2.2 Jason Hales

Bd. of Trustees SMW
Health Plan☐ D _____
☒ E/F 3.10
☐ G _____

2.3 Jason Hales

Bd. of Trustees SMW
Local 88 401(k)☐ D _____
☒ E/F 3.11
☐ G _____

2.4 Jason Hales

Bd. of Trustees SMW
Local 88 Fund☐ D _____
☒ E/F 3.12
☐ G _____

2.5 Jason Hales

Intern'l Assoc. of SMA,
Rail and Transpo☐ D _____
☒ E/F 3.28
☐ G _____

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn**Additional Page to List More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6	Jason Hales	SMW Local 88 Retiree Health Plan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.54</u> <input type="checkbox"/> G _____
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2.7	Jason Hales	SMW Local 88 Retiree Apprenticeship	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
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2.8	Jason Hales	SMACNA of So. Nevada	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
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2.9	Jason Hales	Harsch Investments Properties	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
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2.10	John Capurro	Bd. of Trustees SMW Pension Plan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.11	John Capurro	Bd. of Trustees SMW Health Plan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
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2.12	John Capurro	Bd. of Trustees SMW Local 88 401(k)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
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2.13	John Capurro	Bd. of Trustees SMW Local 88 Fund	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
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Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn**Additional Page to List More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.14	John Capurro	Intern'l Assoc. of SMA, Rail and Transpo	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.28</u> <input type="checkbox"/> G _____
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2.15	John Capurro	SMW Local 88 Retiree Health Plan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.54</u> <input type="checkbox"/> G _____
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2.16	John Capurro	SMW Local 88 Retiree Apprenticeship	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
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2.17	John Capurro	SMACNA of So. Nevada	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
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2.18	John Capurro	Harsch Investments Properties	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
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2.19	John Capurro	2390 Stanbury Ct. Henderson, NV 89052	Harsch Investment Properties-Nevada, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.8</u>
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Fill in this information to identify the case:Debtor name Strong Man Services, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 21-14265-mkn☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**From the beginning of the fiscal year to filing date:
From 1/01/2021 to Filing Date**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$3,680,915.88For prior year:
From 1/01/2020 to 12/31/2020☒ Operating a business☐ Other _____\$5,600,000.00For year before that:
From 1/01/2019 to 12/31/2019☒ Operating a business☐ Other _____\$4,868,894.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor Strong Man Services, Inc.

Case number (if known) 21-14265-mkn

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Mechanical Equipment Reps Attn: Managing Member 5828 Spring Mtn. Rd. Ste. 305 Las Vegas, NV 89146	5/26/2021	\$16,961.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. American Express Attn: Bankruptcy Dept/Managing Agent P.O. Box 9811535 El Paso, TX 79998-1535	6/1/2021	\$42,827.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit card</u>
3.3. Diamondback Equipment Sales Attn: Managing Member 8396 W. Ford Ave. Las Vegas, NV 89113	6/3/2021	\$23,292.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. American Express Attn: Bankruptcy Dept/Managing Agent P.O. Box 9811535 El Paso, TX 79998-1535	6/7/2021	\$30,241.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit card</u>
3.5. Mercury Insurance Group Attn: Bankruptcy Dep't / Managing Agent 4484 Wilshire Blvd. Los Angeles, CA 90010	6/11/2021	\$7,176.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Premiums</u>
3.6. Atlas Crane Attn: Managing Member 3120 N. Nellis Blvd. Las Vegas, NV 89115	6/14/2021	\$12,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. Norman Wright Attn: Managing Member P.O. Box 51938 Los Angeles, CA 90051-6238	6/15/2021	\$28,029.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. Mercury Insurance Group Attn: Bankruptcy Dep't / Managing Agent 4484 Wilshire Blvd. Los Angeles, CA 90010	6/16/2021	\$16,807.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premiums</u>

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. AmTrust Insurance Co. of Kansas, Inc. Att: Managing Member 800 Superior Ave. East, 21st Floor Cleveland, OH 44114	6/16/2021	\$29,496.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premiums</u>
3.10 American Express Attn: Bankruptcy Dept/Managing Agent P.O. Box 9811535 El Paso, TX 79998-1535	6/17/2021	\$21,025.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit card</u>
3.11 Mesa Mechanical, Inc. Attn: Managing Member 1821 Western Ave. Las Vegas, NV 89102	6/28/2021	\$19,814.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.12 Capital Premium Finance Insurance Attn: Bankruptcy Dep't / Managing Agent 12235 S. 800 East Draper, UT 84020	6/30/2021	\$7,165.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premiums</u>
3.13 American Express Attn: Bankruptcy Dept/Managing Agent P.O. Box 9811535 El Paso, TX 79998-1535	7/2/2021	\$25,927.28	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit card</u>
3.14 Quench-Air	7/7/2021	\$12,638.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 Superior Duct Las Vegas 4050 W. Mesa Vista Ave. Las Vegas, NV 89118	7/9/2021	\$9,097.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.16 American Mechanical Engineering	7/14/2021	\$10,971.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor Strong Man Services, Inc.

Case number (if known) 21-14265-mkn

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 Capital Premium Finance Insurance Attn: Bankruptcy Dep't / Managing Agent 12235 South 800 East Draper, UT 84020	7/18/2021	\$7,786.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance premiums</u>
3.18 Diamondback Equipment Sales Attn: Managing Member 8396 W. Ford Ave. Las Vegas, NV 89113	7/27/2021	\$13,595.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 Energy Mechanical Ins. Inc. Attn: Managing Member 4005 W. Dewey Drive Las Vegas, NV 89118	7/27/2021	\$10,118.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.20 Diamondback Equipment Sales Attn: Managing Member 8396 W. Ford Ave. Las Vegas, NV 89113	7/30/2021	\$10,549.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.21 Mesa Mechanical, Inc. Attn: Managing Member 1821 Western Ave. Las Vegas, NV 89102	8/6/2021	\$23,836.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor Strong Man Services, Inc.

Case number (if known) 21-14265-mkn

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:16-cv-04495 SJO	Collection - alleged unpaid employee benefit plan contributions pursuant to collective bargaining agreement with Int'l Ass'n of Sheet Metal, et al. LocalUnion No. 88	United States District Court Central District of California 312 N. Spring Ste., Set G23 Los Angeles, CA 90012	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:21-ms-00045	Domestication of Foreign Judgment; collection	United States District Court District of Nevada 333 Las Vegas Blvd. So. Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:21-ms-00046	Domestication of Foreign Judgment; collection	United States District Court District of Nevada 333 Las Vegas Blvd. So. Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:21-ms-00047	Domestication of Foreign Judgment	United States District Court District of Nevada 333 Las Vegas Blvd. So. Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:21-ms-00048	Domestication of Foreign Judgment; collection	United States District Court District of Nevada 333 Las Vegas Blvd. So. Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6. Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:2021mc00027	Collection - Foreign Judgment Registration	United States District Court District of Arizona 401 W. Washington St. Phoenix, AZ 85003	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Strong Man Services, Inc.

Case number (if known) 21-14265-mkn

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.7.	Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:2021mc00028	Collection - Foreign Judgment Registration	United States District Court District of Arizona 401 W. Washington St. Phoenix, AZ 85003	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:2021mc00029	Collection - Foreign Judgment Registration	United States District Court District of Arizona 401 W. Washington St. Phoenix, AZ 85003	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:2021mc00030	Collection - Foreign Judgment Registration	United States District Court District of Arizona 401 W. Washington St. Phoenix, AZ 85003	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	Board of Trustees of the Sheet Workers' Pension Plan of So. California, Arizona and Nevada et al. v. Strong Man Services, Inc., et al. 2:2021mc00031	Collection - Foreign Judgment Registration	United States District Court District of Arizona 401 W. Washington St. Phoenix, AZ 85003	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	Gaylene Copsey v. Spring Valley Health Care et al. A-18-768864-c	Negligence-Premises Liability	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn**Description of the property lost and how the loss occurred****Amount of payments received for the loss****Dates of loss****Value of property lost**

Stolen vehicle (recovered, but completely stripped); insurance claim filed

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. Larson & Zirzow, LLC
850 E. Bonneville Ave.
Las Vegas, NV 89101

Attorney Fees

8/26/2021

\$10,000.00

Email or website address

mzirzow@lzlawnv.com

Who made the payment, if not debtor?

John Capurro

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies**

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

SMS 401(k) Plan

Employer identification number of the plan

EIN:

Has the plan been terminated?

- ☒ No
- ☐ Yes

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Sheet Metal Worked Pension Plan, Health Plan, 401(k) Plan, Retiree Fund, JATC, et al.

Employer identification number of the plan

EIN:

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Nevada State Bank Attn: Bankruptcy Dept/Managing Agent P.O. Box 990 Las Vegas, NV 89125	XXXX-8651	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	3/31/2021	\$1.11

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Mecham Dicus & Company Attn: Mark Dicus 389 N. 100 W Cedar City, UT 84721	2019 to present
26a.2. Angie Seloti	2019 to present
26a.3. Jason Hales	2019 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Jason Hales 6532 Deer Springs Way Las Vegas, NV 89131-3223	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor Strong Man Services, Inc.

Case number (if known) 21-14265-mkn

☐ None**Name and address**

26d.1. McCarthy Building Companies, Inc.
Attn: Bankruptcy Dep't / Managing Agent
2580 St. Rose Parkway, Suite 200
Henderson, NV 89074

26d.2. Choate Construction
Attn: Bankruptcy Dep't / Managing Agent
2907 Providence Rd, Suite 400
Charlotte, NC 28211

26d.3. Penta Building Group
Attn: Bankruptcy Dep't / Managing Agent
181 E. Warm Springs
Las Vegas, NV 89119

26d.4. Whiting Turner
Attn: Bankruptcy Dep't / Managing Agent
6720 Via Austi Pkwy., Suite 550
Las Vegas, NV 89119

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
John Capurro	16 Moraine Dr. Henderson, NV 89052-6625	President, Treasurer, and Director	50%
Name	Address	Position and nature of any interest	% of interest, if any
Jason Hales	6532 Deer Springs Way Las Vegas, NV 89131-3223	Secretary and Director	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value**

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	See Exhibit SOFA-30			
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Sheet Metal Workers Pension Plan, Health Plan, 401(k) Plan, Returee Fund, et al.

EIN:

Debtor Strong Man Services, Inc.Case number (if known) 21-14265-mkn**Part 14: Signature and Declaration**

WARNING — Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/13/2021


Signature of individual signing on behalf of the debtor

Jason Hales
Printed name

Position or relationship to debtor Secretary

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re Strong Man Services, Inc.

Debtor(s)

Case No. 21-14265-mkn
Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

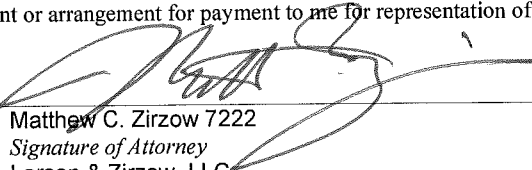
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-----------|
| For legal services, I have agreed to accept | \$ | 10,000.00 |
| Prior to the filing of this statement I have received | \$ | 10,000.00 |
| Balance Due | \$ | 0.00 |
2. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): John Capurro
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of Debtor(s) in any adversary proceeding, including without limitation, any nondischargeability actions pursuant to 11 U.S.C. 523 and 727; and any appeals.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

9/13/21


Matthew C. Zirzow 7222
Signature of Attorney
Larson & Zirzow, LLC
850 E. Bonneville Ave.
Las Vegas, NV 89101
702-382-1170 Fax: 702-382-1169
mzirzow@lzlawnv.com
Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re Strong Man Services, Inc.

Debtor(s)

Case No. 21-14265-mkn

Chapter 7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Strong Man Services, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [Check if applicable]

Date

9/13/21


Matthew C. Zirzow 7222

Signature of Attorney or Litigant
Counsel for Strong Man Services, Inc.

Larson & Zirzow, LLC

850 E. Bonneville Ave.

Las Vegas, NV 89101

702-382-1170 Fax: 702-382-1169

mzirzow@lzlawnv.com

Name, Address, Telephone No. & I.D. No.
 Matthew C. Zirzow 7222
 850 E. Bonneville Ave.
 Las Vegas, NV 89101
 702-382-1170
 7222 NV

UNITED STATES BANKRUPTCY COURT
 District of Nevada

In Re
 Strong Man Services, Inc.

Debtor(s)

BANKRUPTCY NO. 21-14265-mkn
 CHAPTER NO. 7

**DECLARATION RE: ELECTRONIC FILING OF PETITION
 SCHEDULES, STATEMENTS AND PLAN (if applicable)**

PART I - DECLARATION OF PETITIONER

I [We] Jason Hales and _____, the undersigned debtor(s) hereby declare under penalty of perjury that the information I have given my attorney and the information provided in the electronically filed petition, statements, schedules, amendments and plan (if applicable) as indicated above is true and correct. I consent to my attorney filing my petition, this declaration, statements, schedules and plan (if applicable) as indicated above to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 15 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice.

- ☐ If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 or 13. I am aware that I may proceed under chapter 7, 11, 12, or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 or 13. I request relief in accordance with the chapter specified in this petition.
- ☒ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: 9/13/2021

Signed: _____

Jason Hales/Secretary
 (Applicant)

PART II - DECLARATION OF ATTORNEY

I, the attorney for the petitioner named in the foregoing petition, declare that, I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Dated: 9/13/21

Signed: _____

Matthew C. Zirzow 7222
 Attorney for Debtor(s)

STRONG MAN SERVICES, INC.
Creditors Added
Case No. 21-14265-mkn

MATTHEW HENDERICKSEN
5505 TANYA AVE.
LAS VEGAS NV 89107

COLLETT ELECTRIC
ATTN: BANKR. DEPT/MANAGING AGENT
4790 QUALITY CT.
LAS VEGAS, NV 89103

AFFORDABLE CONCEPTS, INC.
ATTN: BANKR. DEPT. / MANAGING AGENT
2975 W. LAKE MEAD BLVD.
NORTH LAS VEGAS, NV 89032

WHITING-TURNER
ATTN: PAUL SCHMITT, SVP
6720 VIA AUSTI PARKWAY, STE. 550
LAS VEGAS, NV 89119

MERCHANTS BONDING CO.
ATTN: AMY BAKER, CLAIMS EXAMINER
6700 WESTOWN PARKWAY
WEST DES MOINES, IA 50266-7754

PENTA BUILDING GROUP, INC.
ATTN: BANKR. DEPT/MANAGING AGENT
181 E. WARM SPRINGS RD.
LAS VEGAS, NV 89119

EXHIBIT A/B
Misc. Inventory/Fixtures & Furnishings

<i>Item</i>	<i>Quantity</i>	<i>Value</i>	<i>Total</i>
<i>OFFICE FURNITURE, FIXTURES, & EQUIPMENT</i>			
COMPUTERS	7	200.00	1,400.00
LAPTOP	1	250.00	250.00
PHONES	7	100.00	700.00
CELL PHONES AND TABLETS	28	100.00	2,800.00
			\$5,150.00
DESKS	9	200.00	1,800.00
FILE CABINETS	10	200.00	2,000.00
OFFICE CHAIRS	15	25.00	375.00
MISC PICTURES AND ART WORK	-	200.00	200.00
			\$4,375.00
<i>RAW MATERIALS</i>			
GANG BOXES	8	400.00	3,200.00
MISC GRILLS	-	2,500.00	2,500.00
MISC DUCT WORK	-	1,000.00	1,000.00
MISC EXHAUST FANS	-	15,000.00	15,000.00
MISC COPPER AND FITTINGS	-	500.00	500.00
MISC LINE SETS	-	500.00	500.00
			\$22,700.00
MISC TOOLS	30	25.00	750.00
RESIDENTIAL PACKAGE UNITS	2	2,500.00	5,000.00
ROOF TOP UNITS AND CURBS SR C	-	38,000.00	38,000.00
BOILER, PUMPS AND EXPANSION TANKS M H	-	100,000.00	100,000.00
3 MINI SPLITS FOR OBS	-	10,000.00	10,000.00
MISC UNITS	-	15,000.00	15,000.00
			\$168,750.00
<i>OTHER MACHINERY, FIXTURES, & EQUIPMENT</i>			
FORK LIFT	1	7,500.00	7,500.00
SCISSOR LIFTS	2	3,500.00	7,000.00
			\$14,500.00

EXHIBIT A/B-11

Accounts Receivables

7:30 PM
09/12/21

SMS MECHANICAL
A/R Aging Summary
 As of September 12, 2021

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
Chang, Elliot - 419 S. Water St	0.00	0.00	650.00	650.00	0.00	1,300.00
Harries, Robert - 7016 MANNY ST	0.00	0.00	350.00	0.00	0.00	350.00
EOS Fitness	0.00	0.00	29,228.00	1,900.00	0.00	31,128.00
The Whiting-Turning Contracting Company						
21-1-407 Warby Parker West Coast Lab	0.00	0.00	79,806.65	46,899.60	0.00	126,706.25
Total The Whiting-Turning Contracting Company	0.00	0.00	79,806.65	46,899.60	0.00	126,706.25
Caliber Collision	0.00	0.00	0.00	0.00	230.00	230.00
Addison Construction & Communications						
21-1-405 Planet 13 Cultivation W. Bell Dr	0.00	0.00	22,200.00	14,350.00	0.00	36,550.00
Total Addison Construction & Communications	0.00	0.00	22,200.00	14,350.00	0.00	36,550.00
CARMA GROUP LLC						
21-1-501 Starbucks Excalibur	0.00	0.00	0.00	0.00	5,968.00	5,968.00
Total CARMA GROUP LLC	0.00	0.00	0.00	0.00	5,968.00	5,968.00
Other Customer						
American Walk-In Cooler	0.00	0.00	0.00	0.00	8,100.00	8,100.00
Total Other Customer	0.00	0.00	0.00	0.00	8,100.00	8,100.00
Synexis Maintenance	0.00	0.00	0.00	0.00	420.00	420.00
Tyagi, Vic - 2305 Pearl Crest	0.00	0.00	0.00	0.00	230.00	230.00
Boy Scout of America -20217 Office	0.00	0.00	768.00	0.00	0.00	768.00
David Fury	0.00	0.00	0.00	0.00	300.00	300.00
Austin General Contracting						
21-1-601 Raiders Owners Suite	0.00	0.00	4,275.00	0.00	0.00	4,275.00
21-1-404 Planet 13 Storage	0.00	0.00	9,025.00	70,274.40	7,600.00	86,899.40
20038 Allegiant Stadium Tech Offices	0.00	0.00	0.00	0.00	8,500.00	8,500.00
Total Austin General Contracting	0.00	0.00	13,300.00	70,274.40	16,100.00	99,674.40
Clucas, Giselle	0.00	0.00	0.00	0.00	315.00	315.00
MCDonald, Brad	0.00	0.00	0.00	838.00	0.00	838.00
Bulter, Kyle	0.00	0.00	0.00	0.00	385.00	385.00
Choate Construction Company						
20017 Project Fall- Niagara Nothern LV	0.00	0.00	0.00	2,112.50	0.00	2,112.50
Total Choate Construction Company	0.00	0.00	0.00	2,112.50	0.00	2,112.50
Jing Restaurant	0.00	0.00	492.50	0.00	0.00	492.50
Minero General Contractor						
21-1-301 Shell 7208 S. Jones Blvd.	0.00	0.00	2,267.65	3,059.00	0.00	5,326.65
Total Minero General Contractor	0.00	0.00	2,267.65	3,059.00	0.00	5,326.65
A/C Trane Warranty Department	0.00	0.00	0.00	635.00	0.00	635.00
Sun Valley Surgery Center	0.00	0.00	1,125.00	0.00	0.00	1,125.00
Bob Brown	0.00	0.00	0.00	0.00	335.00	335.00
Trane Warranty Invoices	0.00	0.00	0.00	0.00	9,006.25	9,006.25
Greenberg Traurig	0.00	0.00	0.00	230.00	0.00	230.00
Las Vegas Metro						
SAC 11301 Redpoint Drive	0.00	515.00	515.00	0.00	0.00	1,030.00
4591 W Russell Rd	0.00	0.00	0.00	580.00	895.00	1,475.00
4810 S Las Vegas Blvd	0.00	0.00	0.00	210.00	0.00	210.00
Las Vegas Metro - Other	0.00	0.00	3,709.00	0.00	252.00	3,961.00
Total Las Vegas Metro	0.00	515.00	4,224.00	790.00	1,147.00	6,676.00
Specialist Property Management	0.00	0.00	918.00	2,108.00	2,017.50	5,043.50
Elite Medical	0.00	0.00	0.00	4,137.50	0.00	4,137.50
The Haunted Museum	0.00	0.00	0.00	767.00	0.00	767.00
Advanced Medical Builders, Inc.						
19030-UMC Cath Labs 1 & 3 Upgrade	0.00	0.00	0.00	0.00	7,435.00	7,435.00
Total Advanced Medical Builders, Inc.	0.00	0.00	0.00	0.00	7,435.00	7,435.00
Fuse Stainless, LLC	0.00	0.00	0.00	230.00	0.00	230.00
Nevada General Construction						
21-1-406 DTS M-200 LLW	0.00	0.00	48,492.51	0.00	0.00	48,492.51
21-1-801 Beacon Academy	0.00	0.00	49,593.80	0.00	0.00	49,593.80
21-1-401 Arizona School of Nursing	0.00	0.00	0.00	3,645.15	10,314.97	13,960.12
20028 PIPC W Craig Road	0.00	0.00	0.00	0.00	44,650.79	44,650.79
Nevada General Construction - Other	0.00	0.00	0.00	0.00	840.00	840.00
Total Nevada General Construction	0.00	0.00	98,086.31	3,645.15	55,805.76	157,537.22
UMC						
26099-21-2 South Anit Grill Replacement	0.00	0.00	0.00	3,249.00	0.00	3,249.00
UMC QC Sunset -525 Marks St	0.00	0.00	0.00	2,951.00	0.00	2,951.00
UMC QC Spring Valley	0.00	0.00	0.00	282.50	0.00	282.50
UMC QC Nellis	0.00	0.00	0.00	990.00	0.00	990.00
UMC QC Summerlin	0.00	0.00	0.00	5,154.50	0.00	5,154.50
UMC - Other	0.00	0.00	3,808.00	14,037.00	57,999.00	75,844.00
Total UMC	0.00	0.00	3,808.00	26,664.00	57,999.00	88,471.00
Inyo Dispensary (15010)	0.00	0.00	2,875.00	0.00	0.00	2,875.00
UHG						
UHG 270 W. Lake Mead Parkway	0.00	0.00	0.00	0.00	1,927.72	1,927.72

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09/12/21

SMS MECHANICAL
A/R Aging Summary
 As of September 12, 2021

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
UHG -UHG 2700 Fire Mesa	0.00	0.00	0.00	1,322.00	0.00	1,322.00
UHG Preventive Maintenance						
UHG 4835 S Durango	0.00	0.00	0.00	0.00	282.00	282.00
UHG 4475 S Eastern PM	0.00	0.00	0.00	0.00	282.00	282.00
UHG 5820 Eastern PM	0.00	0.00	0.00	282.00	282.00	564.00
UHG 8680 Cheyenne PM	0.00	0.00	0.00	282.00	0.00	282.00
UHG 540 N Nellis PM	0.00	0.00	0.00	0.00	282.00	282.00
UHG 2845 Sienna PM	0.00	0.00	0.00	0.00	282.00	282.00
UHG Oakey HVAC PM	0.00	0.00	0.00	0.00	2,763.00	2,763.00
UHG Oakey I/M PM	0.00	0.00	0.00	0.00	900.00	900.00
Total UHG Preventive Maintenance	0.00	0.00	0.00	564.00	5,073.00	5,637.00
UHG - 6720 Placid (15041)	0.00	0.00	0.00	410.00	0.00	410.00
UHG - 2845 Sienna Heights	0.00	0.00	0.00	0.00	770.00	770.00
UHG - 2704 N. Tenaya	0.00	0.00	0.00	0.00	630.00	630.00
UHG - 4475 S. Eastern (25002)	0.00	0.00	0.00	0.00	3,680.00	3,680.00
UHG - Other	0.00	0.00	0.00	0.00	2,145.00	2,145.00
Total UHG	0.00	0.00	0.00	2,296.00	14,225.72	16,521.72
Cherry, Wendy	0.00	0.00	0.00	640.00	0.00	640.00
Affordable Concepts						
21-1-104 DSH LAB Remodel	0.00	13,627.75	0.00	0.00	0.00	13,627.75
21-1-103 SVH Bi Plane	0.00	9,262.50	0.00	0.00	0.00	9,262.50
21-1-101 VH Negative Room c/o ACI	0.00	0.00	3,359.85	0.00	0.00	3,359.85
Total Affordable Concepts	0.00	22,890.25	3,359.85	0.00	0.00	26,250.10
Dakem & Associates						
21-1-204 Pelican PD	0.00	0.00	0.00	10,532.65	0.00	10,532.65
17005 CAPNA	0.00	0.00	0.00	0.00	3,714.00	3,714.00
Total Dakem & Associates	0.00	0.00	0.00	10,532.65	3,714.00	14,246.65
LVPPA	0.00	0.00	0.00	0.00	17,719.00	17,719.00
Martin Harris						
21-1-205 Sunrise III MOB	0.00	0.00	71,402.00	194,974.20	11,875.00	278,251.20
19029-Sunrise Hospital MRI Chiller	0.00	0.00	0.00	57,010.00	0.00	57,010.00
Total Martin Harris	0.00	0.00	71,402.00	251,984.20	11,875.00	335,261.20
Penta Building Group						
21-1-303 Boca Park Parking Structure Reme	0.00	0.00	0.00	1,325.25	0.00	1,325.25
Total Penta Building Group	0.00	0.00	0.00	1,325.25	0.00	1,325.25
RGG	0.00	0.00	0.00	0.00	-0.50	-0.50
Silver Creek Development, LLC	0.00	7,515.00	0.00	0.00	0.00	7,515.00
SR Construction						
21-1-403 Alper Retail Center-Pad F	0.00	0.00	37,056.05	0.00	0.00	37,056.05
21-1-102 Valley Health Specialty Hospital	0.00	0.00	0.00	14,582.00	0.00	14,582.00
21-1-201 SDMI Bluediamond	0.00	0.00	60,659.05	0.00	0.00	60,659.05
20032 UHG Pharmacy	0.00	0.00	107,179.00	58,733.75	0.00	165,912.75
Total SR Construction	0.00	0.00	204,894.10	73,315.75	0.00	278,209.85
UHS of Delaware Inc (Valley)						
16099-21-2 VH Replace VFDS on Air Handler	0.00	0.00	5,208.50	0.00	0.00	5,208.50
UHS of Delaware Inc (Valley) - Other	0.00	0.00	3,599.00	4,044.75	0.00	7,643.75
Total UHS of Delaware Inc (Valley)	0.00	0.00	8,807.50	4,044.75	0.00	12,852.25
West Sunset Surgery Center	0.00	0.00	0.00	0.00	-1,397.00	-1,397.00
TOTAL	0.00	30,920.25	548,562.56	523,428.75	211,929.73	1,314,841.29
Under 90 Days:				1,102,911.56	211,929.73	1,314,841.29

SOFA

Question 30-Insider Payments

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09/12/21

SMS MECHANICAL
Payroll Transactions by Payee
 August 30, 2020 through August 30, 2021

	<u>Date</u>	<u>Name</u>	<u>Num</u>	<u>Type</u>	<u>Amount</u>
Capurro, John	09 04 2020	,	20424		-1,617.75
	09 11 2020	,	20453		-1,617.75
	09 18 2020	,	20482		-1,617.75
	09 25 2020	,	20511		-1,617.75
	10 02 2020	,	20542		-1,617.75
	10 09 2020	,	20569		-1,617.75
	10 16 2020	,	20603		-1,617.75
	10 23 2020	,	20630		-1,617.75
	10 30 2020	,	20662		-1,617.75
	11 06 2020	,	20689		-1,617.75
	11 13 2020	,	20716		-1,617.75
	11 20 2020	,	20749		-1,617.75
	11 25 2020	,	20778		-1,617.75
	12 04 2020	,	20856		-1,617.75
	12 11 2020	,	20858		-1,617.75
	12 18 2020	,	20865		-1,617.75
	12 23 2020	,	20892		-1,617.75
	12 31 2020	,	20928		-1,617.75
	01 08 2021	,	20963		-1,620.75
	01 15 2021	,	14398		-1,620.75
	01 22 2021	,	21021		-1,620.75
	01 29 2021	,	14467		-1,620.75
	02 05 2021	,	14479		-1,620.75
	02 12 2021	,	21051		-1,620.75
	02 19 2021	,	21076		-1,620.75
	02 26 2021	,	21102		-1,620.75
	03 05 2021	,	21151		-1,620.75
	03 12 2021	,	21138		-1,620.75
	03 19 2021	,	21200		-1,620.75
	03 26 2021	,	21226		-1,620.75
	04 02 2021	,	21251		-1,620.75
	04 09 2021	,	21275		-1,620.75
	04 16 2021	,	21297		-1,620.75
	04 23 2021	,	21335		-1,620.75
	04 30 2021	,	10119		-1,620.75
	05 07 2021	,	10155		-1,620.75
	05 14 2021	,	10185		-1,620.75
	05 21 2021	,	10254		-1,620.75
	05 28 2021	,	10269		-1,620.75
	06 04 2021	,	10296		-1,620.75
	06 11 2021	,	10359		-1,620.75
	06 18 2021	,	50005		-1,620.75
	06 25 2021	,	50060		-1,620.75
	07 02 2021	,	50096		-1,620.75
	07 09 2021	,	50132		-1,620.75
	07 16 2021	,	50164		-1,620.75
	07 23 2021	,	50205		-1,620.75
	07 30 2021	,	10467		-1,620.75
	08 06 2021	,	50275		-1,620.75
	08 13 2021	,	10432		-1,620.75
	08 20 2021	,	10438		-1,620.75
					-82,604.25

7:18 PM
09/12/21

SMS MECHANICAL
Payroll Transactions by Payee
 August 30, 2020 through August 30, 2021

	<u>Date</u>	<u>Name</u>	<u>Num</u>	<u>Type</u>	<u>Amount</u>
Hales, Jason R	09 04 2020	,	20431		-2,308.75
	09 11 2020	,	20460		-2,308.75
	09 18 2020	,	20490		-2,308.75
	09 25 2020	,	20519		-2,308.75
	10 02 2020	,	20550		-2,308.75
	10 09 2020	,	20577		-2,308.75
	10 16 2020	,	20611		-2,214.75
	10 23 2020	,	20638		-2,308.75
	10 30 2020	,	20669		-2,308.75
	11 06 2020	,	20696		-2,308.75
	11 13 2020	,	20723		-2,308.75
	11 25 2020	,	20784		-2,308.75
	12 04 2020	,	20811		-2,308.75
	12 11 2020	,	20860		-2,500.00
	12 18 2020	,	20952		-2,117.50
	12 23 2020	,	20951		-2,308.75
	12 31 2020	,	20934		-2,214.75
	01 08 2021	,	20970		-2,308.75
	01 15 2021	,	14406		-2,308.75
	01 22 2021	,	21029		-2,308.75
	01 29 2021	,	14460		-2,308.75
	02 05 2021	,	14487		-2,308.75
	02 12 2021	,	21059		-2,308.75
	02 19 2021	,	21083		-2,308.75
	02 26 2021	,	21110		-1,678.17
	03 05 2021	,	21159		-2,308.75
	03 12 2021	,	21177		-2,308.75
	03 19 2021	,	21208		-4,450.17
	03 26 2021	,	21234		-2,308.75
	04 02 2021	,	21259		-1,678.17
	04 09 2021	,	21282		-1,678.17
	04 16 2021	,	21306		-2,308.75
	04 23 2021	,	10104		-1,678.17
	04 30 2021	,	10127		-2,308.75
	05 07 2021	,	10164		-1,678.17
	05 14 2021	,	10194		-2,052.37
	05 21 2021	,	10230		-1,678.17
	05 28 2021	,	10278		-1,678.17
	06 04 2021	,	10305		-1,678.17
	06 11 2021	,	10367		-1,678.17
	06 18 2021	,	50014		-1,678.17
	06 25 2021	,	50069		-1,678.17
	07 02 2021	,	50106		-1,772.17
	07 09 2021	,	50142		-1,772.17
	07 16 2021	,	50174		-1,678.17
	07 23 2021	,	50215		-1,678.17
			Total Hales, Jason R		-98,628.84